



## Standard Insurance Company Optional Buy-up Short Term Disability Coverage Highlights

### Optional Buy-up Short Term Disability (STD) Insurance

Short Term Disability insurance is designed to pay a weekly benefit to you in the event you cannot work because of a covered illness or injury. This benefit replaces a portion of your income, thus helping you to meet your financial commitments in a time of need. Optional buy-up STD insurance offers you the opportunity to enroll in an additional level of STD coverage if you make over \$60,684 per year.

The base Optional STD plan is fully paid by you and provides a basic level of STD coverage. The buy-up option is paid for by you and provides a higher level of STD coverage. Standard Insurance Company has developed this document to provide you with information about the optional coverage you may select through Multnomah County. To learn more, visit [multco.us/benefits/optional-short-term-disability](http://multco.us/benefits/optional-short-term-disability).

### Eligibility Requirements

#### Employee

- A regular employee of the Employer who is a represented non-exempt employee and one of the following: Local 88, Painter, or Corrections Officer (MCCDA) who earns more than \$60,684
- Actively working at least 32 hours or three 10 hour shifts each week
- Must be enrolled in, or also enroll in, base Optional STD insurance
- A citizen or resident of the United States or Canada
- Employees who are elected officials, on-call, interns, temporary, seasonal, independent contractors, and others, are not eligible. Please refer to your certificate of coverage for the controlling provisions.

#### Premium

- You pay 100% of the premium for this coverage through easy payroll deduction

### Benefit Amount and Duration

The weekly STD Benefit is determined by predisability base earnings level and whether you elect the Buy-up STD plan, as follows:

|   | <u>Base Optional STD Plan</u> | <u>Optional Buy-up STD Plan</u>           |
|---|-------------------------------|---|
| <b>Weekly Benefit, reduced by Deductible Income</b> | \$700 per week                | 60% of your weekly Predisability Earnings |
| <b>Plan Maximum Weekly Benefit</b>                  | \$700 per week                | \$1,500                                   |
| <b>Plan Minimum Weekly Benefit</b>                  | \$25                          | \$25                                      |
| <b>Maximum Benefit Period</b>                       | 9 weeks*                      | 9 weeks*                                  |

\* However, STD Benefits will end on the date Long Term Disability benefits become payable to you under a group plan provided by your employer, even if that occurs before the end of the 9 weeks.

### Employee Coverage Effective Date

To become insured, you must satisfy the eligibility requirements previously listed and be actively at work (able to perform all normal duties of your job) on the day before the scheduled effective date of insurance. If you are not actively at work on the day before the scheduled effective date of insurance, your insurance will not become effective until the day after you complete one full day of active work as an eligible employee.

Please contact your Employee Benefits Office at [employee.benefits@multco.us](mailto:employee.benefits@multco.us) or call 503-998-3477 for more information.

**Understanding Your Plan Design**

|                                 |  |
|---------------------------------|--|
| <b>Benefit Waiting Period</b>   | If your claim for STD Benefits is approved by The Standard, benefits become payable after you have been continuously disabled for 30 days. Benefits are not payable during the benefit waiting period.   |
| <b>Late Entry Provision</b>     | If you do not apply for this STD coverage within 31 days of becoming eligible, your benefit waiting period for physical disease, pregnancy or mental disorder will be 60 days if you become disabled during the first 12 months after your coverage takes effect. Injuries during the first 12 months are subject to the 30-day waiting period.  |
| <b>Definition of Disability</b> | <p>You will be considered disabled if, as a result of physical disease, injury, pregnancy or mental disorder:</p> <ul style="list-style-type: none"><li>• You are unable to perform with reasonable continuity the material duties of your own occupation, and</li><li>• You suffer a loss of at least 20% in your predisability earnings when working in your own occupation.</li></ul> <p>For STD insurance, own occupation means the job you are ordinarily performing for your employer when disability begins.</p>  |
| <b>Deductible Income</b>        | <p>Deductible income is income you receive or are eligible to receive while STD benefits are payable. Deductible income includes, but is not limited to:</p> <ul style="list-style-type: none"><li>• Amounts you are eligible to receive under an unemployment compensation law</li><li>• Amounts you are eligible to receive because of your disability under any other group insurance</li><li>• Disability or retirement benefits you are eligible to receive under your employer's retirement plan</li><li>• Amounts you are eligible to receive under any state disability income benefit law or similar law</li><li>• Earnings from work activity while you are disabled, plus the earnings you could receive if you worked as much as your disability allows</li><li>• Earnings or compensation included in your predisability earnings which you receive or are eligible to receive while STD benefits are payable</li><li>• Amounts due from or on behalf of a third party because of your disability, whether by judgment, settlement or other method</li><li>• Any amount you receive by compromise, settlement or other method as a result of a claim for any of the above</li></ul> <p>Deductible income does not include sick pay, annual or personal leave pay, paid parental leave, holiday pay, vacation pay, severance pay, or other salary continuation, including donated amounts.</p> |

**Additional Features**

Please see your Employee Benefits Office for additional information about the features and benefits below.

|   |   |
|---|---|
| <b>Rehabilitation Plan</b>                      | If you are participating in an approved Rehabilitation Plan, The Standard may include payment of some of the expenses you incur in connection with the plan including but not limited to; training and education expenses, family (child and elder) care expenses, job related expenses and job search expenses.  |
| <b>Reasonable Accommodation Expense Benefit</b> | If your employer makes an approved work-site modification that enables you to return to work while disabled, The Standard will reimburse your employer up to a pre-approved amount for some or all of the cost of the modification.   |
| <b>Rehabilitation Incentive Benefit</b>         | If you agree to participate in a rehabilitation plan that prepares you to return to work (plan must be approved by The Standard), you may be eligible to receive an additional benefit equal to 10% of your predisability earnings. When added to any other amount you receive from The Standard, your total benefit cannot exceed the maximum benefit allowed by the policy. |

**Exclusions**

You are not covered for a disability caused or contributed to by any of the following:

- Work Related: Disability arising out of any employment for wage or profit or in the course of any employment for wage or profit
- Your committing or attempting to commit an assault or felony, or your active participation in a violent disorder or riot
- An intentionally self-inflicted injury
- War or any act of war (declared or undeclared, and any substantial armed conflict between organized forces of a military nature)
- The loss of your professional or occupational license or certification

**Limitations**

STD benefits are not payable for any period when you are:

- Not under the ongoing care of a physician in the appropriate specialty as determined by The Standard
- Not participating in good faith in a plan, program or course of medical treatment approved by The Standard, unless your disability prevents you from participating
- Confined for any reason in a penal or correctional institution
- Able to work and earn at least 20% of your predisability earnings in your own occupation, but you elect not to work
- Eligible to receive benefits for your disability under a workers' compensation law or similar law

**When Benefits End**

STD benefits end automatically on the earliest of:

- The date you are no longer disabled
- The date your maximum benefit period ends
- The date you die
- The date benefits become payable under any other group disability insurance plan under which you become insured through employment during a period of temporary recovery
- The date you fail to provide proof of continued disability and entitlement to benefits
- The date long term disability benefits become payable to you under a long term disability plan

**When Insurance Ends**

Insurance ends automatically on the earliest of the following:

- The date the last period ends for which a premium was paid
- The last day of the pay period in which your employment terminates
- The date the group policy terminates
- The last day of the pay period in which you cease to meet the eligibility requirements (insurance may continue for limited periods under certain circumstances)

**Group Insurance Certificate**

If coverage becomes effective and you become insured, your certificate and plan documents will be available at [multco.us/benefits](http://multco.us/benefits). The certificate contains a detailed description of the insurance coverage including the definitions, exclusions, limitations, reductions and terminating events. The controlling provisions will be in the group policy. Neither the information presented in this summary nor the certificate modifies the group policy or the insurance coverage in any way.

**Rates**

If you have questions regarding how to determine your earnings, please contact your Employee Benefits Office at [employee.benefits@multco.us](mailto:employee.benefits@multco.us) or call 503-988-3477. Premiums for this coverage will be deducted directly from your paycheck.

**Step 1: Find your age bracket and note your corresponding rate below. This will be needed in Step 2, #8 instruction below.**

Base STD Plan Semi-Monthly Cost\*  
(Required to purchase in addition to Buy-up)

| Basic Annual Earnings<br>(Base Earnings) | Weekly Benefits | Under 40 | 40-44  | 45-49  | 50-54  | 55-59  | 60-64  | 65-69  | 70 and over |
|--|-----------------|----------|--------|--------|--------|--------|--------|--------|-------------|
| \$60,684+                                | \$700           | \$2.17   | \$1.47 | \$1.58 | \$1.75 | \$2.31 | \$2.87 | \$2.87 | \$2.87      |

\* Base STD plan premium amount shown is paid semi-monthly.

**Step 2: Find your semi-monthly rate by following the instructions below.**

Buy-up STD Plan Semi-Monthly Cost

| Rate Table                      |  |
|---------------------------------|--|
| Your Age<br>(as of last July 1) | Rate<br>(per \$10 of<br>STD benefit in<br>excess of Base<br>benefit) |
| <40                             | \$0.062  |
| 40-44                           | \$0.042  |
| 45-49                           | \$0.045  |
| 50-54                           | \$0.050  |
| 55-59                           | \$0.066  |
| 60+                             | \$0.082  |

To calculate your semi-monthly payroll deduction, use the formula indicated below:

1. Enter your average weekly earnings, not to exceed \$2,500, on Line 1 [annual earnings (base earnings) / 52]. Line 1: \_\_\_\_\_
2. Multiply your weekly earnings (Line 1) by 0.60 and enter on Line 2. Line 2: \_\_\_\_\_
3. Subtract \$700 from Line 2 and enter on Line 3. Line 3: \_\_\_\_\_
4. Select your rate from the rate table on the left and enter on Line 4. Line 4: \_\_\_\_\_
5. Multiply Line 3 by the amount entered on Line 4. Line 5: \_\_\_\_\_
6. Divide the amount entered on Line 5 by 10 and enter on Line 6. Line 6: \_\_\_\_\_
7. Multiply Line 6 by 12 and divide by 24. Line 7: \_\_\_\_\_
8. **Add Line 7 with your Base STD plan semi-monthly cost (from table above).** Line 8: \_\_\_\_\_

The amount shown on **Line 8** is your estimated **semi-monthly payroll deduction**.



### **Standard Insurance Company**

For more than 100 years, we have been dedicated to our core purpose: to help people achieve financial well-being and peace of mind. Headquartered in Portland, Oregon, The Standard is a nationally recognized provider of group employee benefits. To learn more about products from The Standard, visit us at [standard.com](http://standard.com).

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon, in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

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GP399-STD, GP899-STD, GP309-STD, GP209-STD,  
GP399-STD/ASSOC, GP399-STD/TRUST